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CONFIRMATION NO. 4431

Bib Data Sheet

SERIAL NUMBER 10/731,369	FILING DATE 12/09/2003 RULE	CLASS 318	GROUP ART UNIT 2837	ATTORNEY DOCKET NO. 010121-9912-00
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APPLICANTS

Brian Thomas Branecky, Oconomowoc, WI;

** CONTINUING DATA *****
None, Ro

** FOREIGN APPLICATIONS *****
None, Ro

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 03/10/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Ben Bu Ro</i> Examiner's Signature Initials	STATE OR COUNTRY WI	SHEETS DRAWING 4	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 3
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ADDRESS
 23409
 MICHAEL BEST & FRIEDRICH, LLP
 100 E WISCONSIN AVENUE
 MILWAUKEE , WI
 53202

TITLE
 Switched reluctance motor regulation

FILING FEE RECEIVED 842	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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